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UNITED STATES HOUSE OF REPRESENTATIVES 2020 FINANCIAL DISCLOSURE STATEMENT	/ES For Use by Members, Officers, and Employees	Page 1 of
		2321 AUG 1 6 AM 10: 5 b
Name: Down to Marie Water Catemore	Daytime Telephone:	A \$200 pensity shall be assessed egainst any individual who files more than 30 days late.
FILER Member of the U.S. State: STATUS House of Representatives District:	Officer or Employing Office:	Staff Filer Type: (If Applicable) Shared Principal Assistant
REPORT 2020 Annual (Due: May 17, 2021)	Amendment Termination Date of Termination:	mination:
PRELIMINARY INFORMATION - ANSWER FACH OF THESE QUESTIONS	HESE QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes No F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	the current calendar Yes V No
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes No Condition a single source during the reporting period?	id receive any yes No
C. Did you or your spouse have "earned" income (e.g., sateries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes No H. Did you, your spouse, or your dependent child receive any reportable travel or relimbursements for travel totaling more than \$415 in value from a single source during the reporting period?	ailing mone than Yes No No
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes No leu of paying you for a speech, appearance, or article during the reporting period?	ration to charity in Yes No
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No ATTACH THE CORRESPONDING	CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -		ANSWER EACH OF THESE QUESTIONS
IPO - Did you purchase any shares that were allocated as a part of an incontact the Committee on Ethics for further guidance.	IPO - Did you purchase any shares that were allocated as a part of an initial Public Offering during the reporting period? If you answered "yes" to this quastion, please contact the Committee on Ethics for further guidance.	uestion, please Yes 🔲 No 🔲
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethios and certain other "excepted trust from this report details of such a trust that benefits you, your spouse, or dependent child?	mmittee on Ethios and certain other "excepted trusts" need not be disclosed. Have you excluded ependent child?	ave you excluded Yes No No
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spoul all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	sarned" income, transactions, or liabilities of a spouse or your dependent child because they meet onsulted with the Committee on Ethics.	because they meet Yes No No

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1V80 to local be	NJ STENE	Televal Companies	Prudential En Maya	ABC Hadpa Fand X	Examples:	190, SR Mana (Yan Shork SF	For tental and other real property held for investment, provide a complete address or description, e.g., "tental property," and a city and state. For an ownership interest in a privately-held bushness that is not publicly traded, state the name of the bushness, the nature of the advision in Block A. Bedinder: Your personal residence, including second homes and vour personal residence, including second homes and vour personal residence, and any financial interest in, or innorme during the reporting period); and any financial interest in, or innorme during the Thirth Sevings Plan. If you report a privately-fraded fund that is an Excepted investment Fund, please check the "Eir box." If you so choose, you may indicate that an seaset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the fairleft. Por a detailed discussion of Sohedule A requirements, please refer to the instruction booklet.	the account that exceeds the reporting thresholds. For bank and other cash accounts, total the amount in all interest-beering accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	BLOCK A Assets and/or Income Sources Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable seet or source of income that generated more than \$200 in 'unesimed' income that generated more than \$200 in 'unesimed' income during the year. Provide complete names of stocks and mutual funds (to not use only ticker symbols). For all IRAs and other retirement plans (such as 401(s) plans) provide the value for each asset held in
				×	indefinite	×	Nove \$1,001-\$15,000 \$15,001-\$15,000 \$15,001-\$100,000 \$100,001-\$250,000 \$250,001-\$250,000 \$1,000,001-\$5,000,000 \$5,000,001-\$5,000,000 \$25,000,001-\$5,000,000	> & & & & & & & & & & & & & & & & & & &	BLOCK B Value of Asset Value of Asset Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an exect was sold during the reporting period and is included only because it generated income, the value should be "None." "Column M is for assets hald by your apouse or dependent child in which you have no interest.
				Partnership Incoma	Royatties	×	Over \$50,000,000 Sponse/OC Asset over\$1,000,000* NONE DIVIDENDS REST WITEREST CAPITAL GAMES EXCEPTEDBLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		BLOCK C Type of income uses a Check all columns that apply. For accounts that nested generate tax-defended income (such as 401(0), IRA, or 529 accounts), you may check the Tax-Defended and only if retirecting, must be dissituted as income sincered in taxable accounts. Check "Nors" if the asset generated no income during the reporting period.
	*			×	×	×	\$14200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$10,000 \$150,001-\$10,000 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Over \$5,000,000	= = = = = = = = = = = = = = = = = = =	BLOCK D Amount of Income For easets for which you checked "Tax-Datemed" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividentials, interest, and capitals galins, even if reinvested, must be disclosed as sincome for easests held in taxable accounts. Check "hone" if no income was samed or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest.
						S(part)	P, S, S(part), or E	Leave this column blank if there are no transactions that exceeded \$1,000.	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (P) ourceeding \$1,000 in the reporting period. If only a portion of an asset was sold, please indoorts as

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SCHEDULE A - ASSETS & " UNEARNED

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		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)																	
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BLOCK E Transaction		TO 00 00 00 00 00 00 00 00 00 00 00 00 00															•		

SCHEDULE B - TRANSACTIONS

Name: Bonnie Mane Wulson Collingal Page #

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										599 N Churchstreet	Example Mega-Orop, Stock	SP. DC. JT Asset	Cepital Gains: If a sales bansaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tox-defend account, and disclose the capital gain income on Schedule A. * Column K is for assets solely held by your spouse or dependent child.	Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental snorms. If only a portion of an esset is soid, please choose "partial sale" as the type of transaction.	moca or any servany or real property near by You, your expouse, or your skild for investment or the production of income, include transactions that a capital loss. Provide a brief description of an exchange transaction.	purchase, sale, or exchange transactions that exceeded \$1,000 in the	
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Use additional sheets it more space is required.

SCHEDULE C - EARNED INCOME

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List the source, type, and amount of earned income from any source (other than the flier's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act

INCOME LIMITS and PROHIBITED INCOME: The 2020 limit on outside earned income for Members and employees compensated at or above the "senior staff rate was \$28,845. The 2021 limit is \$29,595, in addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited. Examples: Police Pension/Disabilty Fund State of Mandand
Chil Mar Boundtable (Oct. 2)
Onlario County Board of Education NJ STATE Pension Source (include date of receipt for honoraria) Spoused Saley Pension Streets search ecisiethe Pension Booute Subry 44,724 4/1/ Amount \$8,000 \$18,000 \$1 OM

SCHEDULE D - LIABILITIES

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Marmbers: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unises you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unises you are personally liable); and liabilities of a business in which you own an interest (unises you are personally liable); and liabilities of a business in which you own an interest (unises you are personally liable); and liabilities of a business in which you own an interest (unises you are personally liable); and liabilities of a business in which you own an interest (unises you are personally liable); and liabilities of a business in which you own an interest (unises you are personally liabilities); and liabilities of a business in which you own an interest (unises you are personally liable); and liabilities of a business in which you own an interest (unises you are personally liable); and liabilities of a business in which you own an interest (unises you are personally liable); and liabilities of a business in which you own an interest (unises are personally liabilities). *Column K is for liabilities held solely by your spouse or dependent child.

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						Б. Б.		
			4,2	Wel	Example			
	-	They Bank	Citizen one	Wells Fergo	First Bank of Wirnington, DE	Creditor		
		7017	2015	10x/8	\$/20	Date Liability Incurred MO/YR		
		Auto Loan	Auto Loan	8/2011 8/2012 Primary	Mortgage on Rental Property, Dover, DE	Type of Liability		
			188			\$10,001- \$15,000	٨	
İ		X				\$15,001- \$50,000	•	
						\$50,001- \$100,000	٥	
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						\$250,001- \$600,000	m	moun
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						\$25,000,001- \$50,000,000	_	
						Over \$50,000,000	•	
						Over \$1,000,000* (Spouse/DC	~	

SCHEDULE E - POSITIONS

Repert all positions, compensated or uncompensated, held during the ourrent or prior calendar year as an officer, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, manprofit organization, labor organization, or educational or other institution other than the United States. Exclude:

Positions held in any reliable a social fraterist or maintage early as a constant and partnership and because and any reliable and r

		Position	Frequency in any rengiose, social, ligitalitat, or political en
		Name of Organization	Converse training to a profession of the political and the political and political and profession and professio

SCHEDULE F - AGREEMENTS

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
10/67	NJ State Pension	Self And State Not Answar at Ages 2

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$415 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered bobbylet or foreign agent), local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$415 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethios)	\$600

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

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identify the source and list travel litnerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$415 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and retrobursed by the sponsor.

EXCLUDE: Travel-related expenses provided by faderal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Giffa and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

	Source	Defa(s)	Oily of Departure-Destination-City of Return	Lodging? (Y/N)	Feed? (YIN)	Pamily Member Included? (Y/N)
	Covernant of Cons. (MECEA)	Aug. 641	OCHANICA PARRIESON	¥	₩.	*
Stations	Radiga for Figmunity (Chiarty Fundration)	May 24	CO-noise-EC	Y	Y	Ÿ

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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List the source, activity (i.e., speech, appea confidential list of charities receiving such p	List the source, sctivity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filled directly with the Committee on Ethics.	f an event to a chartlable organization	ı in ileu of paying an honorari	ium to you. A separate
	Source	Activity	Date	Amount
Association of America	Association of American Associations, Washington, DC	Spech	Feb. 2, 2020	\$2,000
		Article	Aug. 13, 2020	009\$
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